Governor John R. Kasich • Lt. Governor Mary Taylor Director David T. Daniels

Division of Livestock Environmental Permitting
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Inspector Inspection S			r text. here to	o ente	er text.		ate of I	nsp	ection	C	lick here	e to ei	nter a da	te.
				Туј	pe of	Insp	ectio	n						
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Facility							Own	er\	(Ope	erat	tor			
Name	Click here to	ente	r text.				Name		Click	here	e to ente	er text		
Address	Click here to	ente	r text.				Addre	SS	Click	here	to ente	r text		
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Permit Num		_	Click h	ere to	enter	text.					n Date		1/2014 nere to ente	doto
	Permit Modification		none	_							Date			
Major Opera	tional Change		none						Effe	ctive	Date	Click	nere to ente	r a date.
Certified	Livestocl	k M	anag	er										
Na	ame	C	ertifica	te Nu	mber		Expirat	ion	Date		C	EUs /	Date	
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	rity Infori			try b	io-sec	urity ı	olan		Yes		No		N/A	
-	more stringe	•		•		, ,								

I. FACILITY OPERATION INFORMATION

Number and Type of Animals

Animal Type	Existing Number of Animals (leave blank if facility is new)	Maximum Number of Animals (for new or expanding facilities)
Slaughter and feeder cattle	Click here to enter text.	Click here to enter text.
Dairy heifers	Click here to enter text.	Click here to enter text.
Mature cows (milked or dry)	Click here to enter text.	Click here to enter text.
Swine over 55 pounds	Click here to enter text.	Click here to enter text.
Swine under 55 pounds	Click here to enter text.	Click here to enter text.
Laying hens	Click here to enter text.	Click here to enter text.
Broilers	Click here to enter text.	Click here to enter text.
Pullets	Click here to enter text.	Click here to enter text.
Other:	Click here to enter text.	Click here to enter text.

Number of Employees	Click here to enter text.
Type of Feed System	Click here to enter text.

II. WATER SYSTEM

	Water	Supp	ly So	urces
--	-------	------	-------	-------

•	Is there a well located at the facility?				
	How Many? Click here to enter text.	Yes	No	N/A	
•	Is water treatment used? If so, where does back flush go?	Yes	No	N/A	
Click he	ere to enter text.				

Drinking Groundwater Sampling

•	Are records of the groundwater sampling	analy	sis pro	perly	record	ed in th	e operation record?
		Yes		No		N/A	
	List the dates of the last samples taken.			100			

Groundwater Sample Results

		outhpie medalito	
Date	Well	Nitrate	TCR
Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Groundwater Monitoring

facility is permitted/allowed.

 Are groundwate If yes, list results 	r monitoring wells requires?	? Yes		No		N/A	
Date	Well	Nitrate			To	tal P	
Click here to enter a	Click here to enter text.	Click here to ent	ter	Click	here t	o enter	text.
date.		text.					
Click here to enter a date.	Click here to enter text.	Click here to ent text.	ter	Click	here t	o enter	text.
Click here to enter a date.	Click here to enter text.	Click here to ent text.	er	Click	here t	o enter	text.
Agricultural Drainag	ge Well						
Is there indicatio	n of an agricultural drainag	e well (Class V we	II) on	the pro	perty	?	
		Yes		No		N/A	
Click here to ente	r text. ultural drainage well likely to	o have runoff?					
Click here to ente	r text.	Yes		No		N/A	
Other Waste, Chem	icals and Contaminan	ts					
• Is there a sanitary	permit for this facility?						
o If yes, doe	es the sanitary go to the ma	nure storage and	treat	ment fa	acility?	•	
Click here to ente	r text.	Yes		No		N/A	
o If yes, is i	t permitted to do so?	Yes		No		N/A	
herbicides and ot	aste, including medical w her contaminants stored/h					100	-
manure storage o	r treatment facility?	Yes		No		N/A	

III. MANURE STORAGE ANI	D TREATMENT	FACILI [*]	TIES		
Type of Manure	(check all that apply	Liquid		Solid	

If no, provide brief explanation and if the discharge into the manure storage or treatment

	ual manure a here to ente	analysis on file? er text.		Yes 🗆	No 🗆	N/A □
Manu	re Sample	Results (Solid	s measured in #	t/ton – liquid m	easured in #/	1,000g)
Source Structure	Date	Moisture %	NH ₄	Organic n	P ₂ O ₅	K ₂ O
Click here to	Click	Click here to	Click here to	Click here to	Click here to	Click here to ente
enter text.	here to	enter text.	enter text.	enter text.	enter text.	text.
	enter a date.		N .			
Click here to	Click	Click here to	Click here to	Click here to	Click here to	Click here to ente
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	enter a	(
	date.					
Click here to	Click	Click here to	Click here to	Click here to	Click here to	Click here to enter
enter text.	here to	enter text.	enter text.	enter text.	enter text.	text.
	enter a					
	date.	ali I I				C" I I
Click here to enter text.	Click	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
enter text.	here to enter a	enter text.	enter text.	enter text.	enter text.	text.
	date.)·
Click here to	Click	Click here to	Click here to	Click here to	Click here to	Click here to enter
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	enter a					
	date.					
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Click here to	date.	Clieb here to	Clial barata	Oli ala bassa ka	Clial, have to	Clial, have to autou
enter text.	Click here to	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
citter text.	enter a	citei text.	Citter text.	citer text.	Citter text.	CCAC.
	date.				1 1	
Type Fabricated Str Combination		torage or treatme	nt facility: (Check all that a		ure treatment	lagoon 🗆
Fabricated	Structure	:				
Type	of fabricated	structure:				
			(Check all that a	apply)		

☐ Concrete block or stave pit

☐ Other

☐ Above ground tank (metal/concrete/other)

☐ Manure storage barn (for belt-battery, etc)

Stacking pad/bunker/etc

Compacted earthen floor concrete pit

Deep pit

High-rise

Click here to enter text.

	here a six-inch m pject to precipitat	inimum of freeboard for all s tion/runoff?	torage struct Yes		ontain No	ing I	iquid man N/A	ure or
Click here t	o enter text.							
• Are	records maintai	ned on storage capacity or m	anure volume	e?				
			Yes		No	_	N/A	П
Click here t	o enter text.		103		.,,		,,,	
Structure	Date	Maximum Operating Level	Current N	/lanui	re Leve		Storage	Remainin
Click here to	Click here to	Click here to enter text.	Click here to	enter	text.		Click here	to enter
enter text.	enter a date.						text.	
Click here to	Click here to	Click here to enter text.	Click here to	enter	text.		Click here	to enter
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	enter a date.					-	text.	
Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to	enter	text.		Click here text.	to enter
	etment facilities f k here to enter te	or erosion, leakage, animal d	amage or dis	charg	e? No		N/A	
a Do	ho increstions w	atch the freezeways in the wa			h mlam?			
• Do t	ne inspections m	atch the frequency in the ma	-	_	(7)		NI/A	
Click	k here to enter te	xt.	Yes		No		N/A	
• Are	these regular ins	pections properly recorded in	n the operatir	ng rec	ord?			
						_		
Click	here to enter te	xt.	Yes		No		N/A	Ш
Manure S	torage Pond	or Manure Treatment l	Lagoon					
• Туре	e of manure stora	nge pond or manure treatmen (Check all tha	-	d app	roxima	te d	imensions	;)
Earthen ma	nure storage p		6.75 6.5	ıt lag	oon		N/A	\boxtimes
(Explain numb Click here to		ns, type of liner system installed	(plastic, re-con	npacte	ed soil, i	nsitu	soil, etc.))	
		s of freeboard, plus the volur e is subject to rainfall and run			ain the		oropriate o	-

Click here to enter text. Are records maintained on storage capacity or manure volume? Yes 🗌 N/A No Click here to enter text. Structure Date **Maximum Operating Current Manure Level** Storage Level Remaining Click here to Click here to enter a Click here to enter text. Click here to enter text. Click here to enter text. enter text. date. Click here to Click here to enter a Click here to enter text. Click here to enter text. Click here to enter text. enter text. date. Click here to Click here to enter a Click here to enter text. Click here to enter text. Click here to enter text. enter text. date. Click here to Click here to enter a Click here to enter text. Click here to enter text. Click here to enter text. enter text. date. Is there evidence in the operating record of regular inspections of the manure storage or treatment facilities for erosion, leakage, animal damage or discharge? No N/A Click here to enter text. Is there evidence in the operating record of weekly inspections of stormwater conveyances, diversion devices and devices channeling contaminated stormwater to the manure storage pond or manure treatment lagoon? N/A Yes No Click here to enter text. Do the inspections match the frequency in the manure management plan? Yes 🗆 No N/A Click here to enter text.

devices channeling contaminated stormwater, etc. properly recorded in the operating record?

Yes
No
N/A

IV. MANURE MANAGEMENT

Are the maintenance inspections for stormwater conveyances, runoff diversion structures,

Is the level indicator(s) conspicuously located and properly functioning in the manure storage

Is the vegetation near the manure storage pond or the manure treatment lagoon properly

Are these regular inspections properly recorded in the operating record?

Click here to enter text.

maintained?

pond or manure treatment lagoon?

N/A

N/A

N/A

Yes

Yes

Yes

No

No

No

•	Is the schedule for	manure removal or m	anure residual ren	iovai	Jutilitea	iii ciic	manure	
	management plan	?	Y	es \square	No		N/A	
	Click here to ente	r text.						
•	List the number of land that is leased)	acres utilized for land	application. (Inclu	de bo	th land t	hat is o	owned a	nd
		Acres owned	Click here to en	ter te	xt.			
	7	Acres leased	Click here to en	ter te	ĸt.			
		Other land	Click here to en	ter te	xt.			
		Total acres	Click here to en	ter te	kt.			
•	Was manure app ground?	lied on snow-covere	d or frozen Ye	es 🗆	No		N/A	
	* If so, was the app	ication site approved	for application?					
	Click here to enter t	evt	Ye	s 🗆	No		N/A	
•		ed through Distributio	n and Utilization n	nethod	ls?			
			Ye		No		N/A	
	If Distribution and	Itilization method of	manure removal	was III	ed. wer	e Anne	endices /	Δ. B. F
•	and the most recent	Utilization method of tmanure analysis given ext. he Distribution and	n to the recipient Ye	of the s \Box	manure No naintaine No	ed in	N/A	
	Click here to enter t	t manure analysis give ext. he Distribution and Source	en to the recipient Ye Utilization of mar Ye	of the s	manure No naintaine No Desti	ed in	N/A the ope N/A	□ ration
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•	* If so, list those fields. Click here to enter text.	rayP1 Yes		No		N/A	
Nut	rient Budget						
•	Is commercial fertilizer used? *If so, list amount of commercial fertilizer used Click here to enter text.	Yes		No		N/A	
•	Are the date, rate, quantity and method of application of manure, commercial fertilizer, and/or other organic operating record?						
	Click here to enter text.						
Cro	oping Schedules						
•	Is the cropping schedule for each site, including past year		prese		r, prop	2	orded
	in the operating record?	Yes		No		N/A	
•	Click here to enter text. Is the crop yield for each site properly recorded in the or	perati	ng reco	ord?			
		Yes		No		N/A	
•	Click here to enter text. Is the actual crop yield for each site properly recorded in		perati	=			_
		Yes		No		N/A	
	Click here to enter text.						
Арр	lication Records						
•	If liquid manure is applied, are drain plugs being used?	Yes		No		N/A	
	Click here to enter text.						
•	If liquid manure is applied, are observations of subsur- operating record?	rface	drains	prope	rly rec	orded i	in the
	Click here to enter text.	Yes		No		N/A	
•	Has the equipment for land application been inspected, the operating record?	main Yes	tained	and p	roperly	y record	ded in
	Click here to enter text.						
•	Are there records in the operating record on soil condition cracks?	ns at Yes	times o	of app	lication	n, such a N/A	as soil
	Click here to enter text						

•			es and nu	trients appl	ied in acc	ordance v	with (DDA r	ules for	nitroge	n and
	phosphor	usr				Yes		No		N/A	
	Click here	to enter to	ext.								
•	Are liquid application rates based on the Available Water Capacity chart?										
						Yes		No		N/A	
	Click here	to enter to	ext.				_		-	,	_
•	Are there	records of	f general w	litions, ten	nperature	and	rainfa	II 24 houi	rs befo	re and	
		ure applic	_		•	Yes		No		N/A	П
						103		140		III/A	
	Click here to enter text.										
•	Are setba	cks mainta	ined and p	properly reco	orded in th	e operati	on red	cord?			
						Yes		No		N/A	
	Click here	to enter te	ext.								
•	Is there ev	idence of	document	ed use of ve	getative co	over to pr	otect	strea	m channe	els?	
	Clial, have		4			Yes		No		N/A	
	Click here	to enter te	ext.								
		V	. INSE	CT AND I	RODEN	T CON	TRO	L			
•	Is the inse	ect and ro	dent con	trol plan pro	pperly imi	olemente	d bv	the o	wner or	opera	tor or
	manager?			aro. prant pr		Yes		No		N/A	
	_					103		140		14/74	
	Click here										
				ntrol plan d	escribe th	e inspect	ion fr	equer	icy to exa	amine	pest's
İ	population	is and pest	t activities	?		Yes		No		N/A	
	Click here t	to ontor to	v+								
				recorded in	the energy	tina vocav	42				
	Are these i	nspection	s property	recorded in	the opera	_	u:			A1200 - 1000	
						Yes		No		N/A	
•	Click here t	to enter te	xt.								
Operati	ng Record	ls			ODA	Inspectio	n Re	sults			
Date	Barn	Flies	Larve	Beneficials	Date	Barn	FI	ies	Larve	Bene	ficials
Click	Click	Click	Click	Click here	Click	Click	CI	ick	Click	Click	here
here to	here to	here to	here to	to enter	here to	here to	her	e to	here to	to e	nter
enter a	enter	enter	enter	text.	enter	enter	en	iter	enter	te	xt.
date.	text.	text.	text.		text.	text.	_	xt.	text.		
Click	Click	Click	Click	Click here	Click	Click	W.	ick	Click		here
here to	here to	here to	here to	to enter	here to	here to		e to	here to		nter
enter a	enter	enter	enter	text.	enter	enter		ter	enter	te	xt.
date.	text.	text.	text.		text.	text.	te	xt.	text.		
• 1	c nronor m	aintonana	o of the	atering syste	m propos	ly rocard	ad in 4	he or	oratina =	ocord3	
J 1:	s higher III	annenanc	e or the w	atering syste	em proper	Yes			_	ecora: N/A	
						. ~~		140			

	Click here to enter text.						
•	Are daily inspections of drinking water lines being mad	le and	record	led in t	he ope	_	ecord
	Click here to enter text.	Yes		No		N/A	
	VI. MORTALITY MANAG	GEM	ENT				
•	What type of mortality management does the facility h	ave?					
•	Click here to enter text. Are there inspection records properly recorded in the o	-	ng rec		morta		
		Yes		No	Ц	N/A	
•	Click here to enter text. Are Best Management Practices being utilized?	Yes		No		N/A	
	Click here to enter text.						
	VII. OPERATING RECORD -	- GEN	NER/	NL			
•	Are all operating records up-to-date and available for re	eview l	by the	inspec	tor?		
	Click here to enter text.	Yes		No		N/A	
•	Is a copy of the RCC, PTI, PTO and/or NPDES permit wit site office?	h the d Yes	perat	Ing rec	ord or	N/A	In the
	Click here to enter text.						
•	Have the operating records been retained by the own years?	ner or Yes	opera	tor for No	a mir	nimum (N/A	of five
	Click here to enter text.						
•	Since the last inspection, have any operational changes	been r	nade a	at the f	acility	?	
	Click here to enter text.	Yes		No		N/A	
	VIII. VISUAL INSPECTIONS AND OUTS	IDE	INFC)RM	ATIO	N	
Wate	er Quality Impacts						
•	Is there evidence of actual offsite discharge?	Yes		No		N/A	
•	Click here to enter text. Are there areas of concern for water quality impacts?	Yes		No		N/A	

Click here to enter text.

•	Is the water well	location maintained i	n a pro	per manner	to avoid	contamination?
---	-------------------	-----------------------	---------	------------	----------	----------------

Yes	No	N/A	
162	140	N/A	

Click here to enter text.

Describe the upkeep and general appearance of the following

	Above		Below				
	Average	Average	Average	Poor	Comments		
Dikes and Diversion	Click here to	Click here to	Click here to	Click here to	Click here to enter		
Ditches	enter text.	enter text.	enter text.	enter text.	text.		
Berms	Click here to	Click here to	Click here to	Click here to	Click here to enter		
	enter text.	enter text.	enter text.	enter text.	text.		
Embankments	Click here to	Click here to	Click here to	Click here to	Click here to enter		
	enter text.	enter text.	enter text.	enter text.	text.		
Pipe Runs	Click here to	Click here to	Click here to	Click here to	Click here to enter		
	enter text.	enter text.	enter text.	enter text.	text.		
Grassed Waterways	Click here to	Click here to	Click here to	Click here to	Click here to enter		
	enter text.	enter text.	enter text.	enter text.	text.		
Vegetative Cover	Click here to	Click here to	Click here to	Click here to	Click here to enter		
	enter text.	enter text.	enter text.	enter text.	text.		
Settling Basins	Click here to	Click here to	Click here to	Click here to	Click here to enter		
	enter text.	enter text.	enter text.	enter text.	text.		
Feed System	Click here to	Click here to	Click here to	Click here to	Click here to enter		
	enter text.	enter text.	enter text.	enter text.	text.		
rage Areas	Click here to	Click here to	Click here to	Click here to	Click here to enter		
	enter text.	enter text.	enter text.	enter text.	text.		
Watering System	Click here to	Click here to	Click here to	Click here to	Click here to enter		
	enter text.	enter text.	enter text.	enter text.	text.		
Walkways or Walk	Click here to	Click here to	Click here to	Click here to	Click here to enter		
Areas Inside Building	enter text.	enter text.	enter text. enter text.		text.		
Walkways or Walk	Click here to	Click here to	Click here to	Click here to	Click here to enter		
Areas Outside Building	enter text.	enter text.	enter text.	enter text.	text.		
Ventilation Systems,	Click here to	Click here to	Click here to	Click here to	Click here to enter		
.e. Fans	enter text.	enter text.	enter text.	enter text.	text.		
Others	Click here to	Click here to	Click here to	Click here to	Click here to enter		
	enter text.	enter text.	enter text.	enter text.	text.		

VIII. SUMMARY

Were the results of the inspection discussed with the own	er, operato	r, man	ager, r	eprese	entative	or
livestock manager?	Yes		No		N/A	
Required Actions:						
Reminder Actions:						
Recommended Actions:						
The results will be sent to						
"I certify that this information was reviewed with the owner the facility."	er, operatoi	r, man	ager, o	r repre	esentat	ive o
Signature of Inspector	Date					
Attachment:						
Cc.						